## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/528109

| CLAIMS AS FILED - PART I   |   |   |  |                                      |                     |                                  |       |                     |                        |       |                         |                        |
|--|---|---|--|--------------------------------------|---------------------|----------------------------------|-------|---------------------|------------------------|-------|-------------------------|------------------------|
|  |   |   | (Column 1)   |                                      | (Column 2)          |                                  |       | SMALL ENT           |                        | OR    | OTHER THAN SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES   |   |   |  |                                      |                     |                                  |       | RATE                | FEE                    |       | RATE                    | FEE                    |
| BASIC FEE  |   |   | SMALL ENT. = \$ 150  |                                      | LARG                | E ENT. = \$ 300                  | 1     | BASIC FEE           |                        | OR    | BASIC FEE               | 300                    |
| EXAMINATION FEE  |   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100              |                                      |                     | her situations =<br>100/\$ 200   | 1     | EXAM FEE            |                        |       | EXAM. FEE               | 200                    |
| SEARCH FEE   |   |   | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                                      |                     | ner situations =<br>250 / \$ 500 |       | SEARCH FEE          |                        | ľ     | SEARCH FEE              | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |   |   | minus 100 =  |                                      |                     | / 50 =                           | ]     | X \$ 125 =          |                        |       | X \$ 250 =              |                        |
| TOTAL CHARGEABLE CLAIMS  |   |   | 36 minus 20 =  |                                      | ,                   | 16                               |       | X \$ 25 =           |                        | OR    | X \$ 50 =               | 800                    |
| סאו  | EPENDENT CL   | AIMS                                      | 2 minus 3 =  |                                      |                     |                                  |       | X \$ 100 =          |                        | OR    | X \$ 200 =              |                        |
| MUI  | TIPLE DEPEN   | DENT CLAIM PRO                            | SENT   |                                      |                     |                                  |       | + \$ 180 =          |                        | OR    | + \$ 360 =              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |  |                                      |                     |                                  | TOTAL |                     | OR                     | TOTAL | 17 cc                   |                        |
| 3  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |  |                                      |                     |                                  |       | SMALL E             | ENTITY                 | OR    | OTHER                   | THAN                   |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F  | ER<br>JSLY          | PRESENT<br>EXTRA                 |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •   | Minus *1   | •                                    |                     | a                                |       | X \$ 25 =           |                        | OR    | X \$ 50 =               |                        |
|  | Independent   | DAM                                       | Minus •  | ·                                    |                     |                                  |       | X \$ 100 = 1        |                        | OR    | X \$ 200 =-             |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |  |                                      |                     |                                  |       | +\$-180=            |                        | OR    | + \$ 360 =              |                        |
|  |   |   |  |                                      |                     |                                  | -     | TOTAL ADDIT.<br>FEE |                        | OR    | TOTAL ADDIT.<br>FEE     |                        |
|  |   | (Column 1)                                |  | (Colum                               | n 2)                | (Column 3)                       |       |                     |                        |       |                         |                        |
| MENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>ER<br>ISLY    | PRESENT<br>EXTRA                 |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                    | ADDI-<br>TIONAL<br>FEE |
| NOME   | Total   | •   | Minus . **   | •                                    | •                   | a .                              |       | X \$ 25 =           |                        | OR    | X \$ 50 =               |                        |
| AMEND  | independent   | •   | Minus **   | ••                                   |                     | =                                |       | X \$ 100 =          |                        | OR    | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |  |                                      |                     |                                  |       | + \$ 180 =          |                        | OR    | + \$ 360 =              |                        |
|  |   |   |  | _                                    | TOTAL ADDIT.<br>FEE |                                  | OR    | TOTAL ADDIT.<br>FEE |                        |       |                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20", *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3", The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |  |                                      |                     |                                  |       |                     |                        |       |                         |                        |